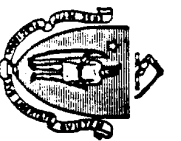


MASTER SERVICE AGREEMENT TABLE UPDATE FORM

Department/Organization Name



The Commonwealth of Massachusetts
Office of the Comptroller

Revised: 6/7/94

MSER

Action: Entry (E)	Dept	MSA Number	Obj	Title
Modify(M)				
Text Ind	MSA Start Date	MSA End Date	Change Date Ind	

MSVR

MSA Number	Vendor Code	Vendor Name
Ver. for Address		
		Business Address

LN	Region	Service Code	Service Description	Prog Code	Prog Number
Start Date	End Date	Service Unit	Low Rate	High Rate	

LN	Region	Service Code	Service Description	Service Unit	Low Rate	High Rate	Prog Code	Prog Number
Start Date	End Date							

Prepared By: _____ Title: _____ Date: _____

Entered By: _____ Title: _____ Date: _____ Page _____ of _____

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.

Approved By: _____ Title: _____ Date: _____ Phone #: _____